

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$170.00 for dates of service 05/17/01 and 06/17/01.
- b. The request was received on 03/01/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution dated 04/11/02
  - b. HCFA(s)
  - c. TWCC 62 forms
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution dated 04/30/02
  - b. HCFA(s)
  - c. TWCC 62 form
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/26/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 04/26/01. The response from the insurance carrier was received in the Division on 04/30/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor:

“The disputed issue is that the Carrier has denied the claims for the supplies stating supplies global of rental. We resubmitted the claims to the Carrier requesting

reconsideration as the supplies are not included in the rental fee. The Carrier again denied payment stating supplies global to rental.”

2. Respondent:

“The University of Texas System maintains our position that the provider has been properly reimbursed for monthly rental of the stimulator unit, which includes the cost of providing non-reusable supplies. Although we have explained our position on numerous occasions, the provider refuses to accept that they are not entitled to any further reimbursement.”

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review is 05/17/01 and 06/17/01.
2. The denial listed on the EOB is “G-UNBUNDLING.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
05/17/01 06/17/01	E1399 D0555 E1399 D0555	\$85.00 \$85.00	\$0.00 \$0.00	G – Global to Rental	N/A under D0555	MFG DME GR (VIII); D0555	“DME supplies shall be requested...itemized and billed under the appropriate HCPCS code. Use the miscellaneous HCPCS code, E1399, when no other HCPCS code is present for the supplies provided....” Muscle stimulator rental supplies are not global to the rental of a muscle stimulator. Therefore, reimbursement is recommended in the amount of <b>\$170.00</b> .
<b>Totals</b>		\$170.00	\$0.00				The Requestor <b>is</b> entitled to reimbursement in the amount of <b>\$170.00</b> .

#### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$170.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 25th day of June 2002.

Michael Bucklin, LVN  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.